

HIV/AIDS in Malawi

Trends of HIV infection

Malawi like other countries in the Sub-Saharan Africa region has been severely affected by the HIV/AIDS epidemic. Since the first case of AIDS was identified in May 1985, epidemiological, morbidity and mortality data continue to show a rapidly escalating epidemic. For example, in pregnant women attending antenatal clinics in urban Blantyre, Malawi's largest city, HIV seroprevalence rose from 2.6% in 1986 to over 30% in 1998, falling slightly to 28.5% in 2001. Similar trends have been observed for other urban centres in Malawi.

The national seroprevalence for adults 15-49 years is 15% translating into about 850,000 people living with HIV/AIDS. About 500,000 adults and children are estimated to have died of AIDS or AIDS related diseases between 1985 and 2001. The HIV infection rates are lower in rural Malawi but are on the increase and currently average about 11% for sexually active adults. The majority of new infections appear to be occurring in young adults, especially those aged 19-24 years and girls being particularly affected, with infection rates at least twice those in young men of corresponding age.

Impact of HIV/AIDS

AIDS is mostly affecting Malawians aged 15-49 years. This is also the age range of people who are economically productive. Therefore all aspects of the socio-economic structures are weakened by the epidemic. It is projected that a minimum of 25% and as much as 50% of people currently employed in the urban based sectors would have died of AIDS by the year 2005.

The various sectors have to face increased costs due to lost working time as the employees start getting frequent illnesses on the way to developing full blown AIDS and dying. They have to incur higher medical care costs and eventually funeral costs. These effects of HIV/AIDS on the productive population call for careful and innovative ways of manpower planning and training. The limited health care facilities cannot cope with the ever-increasing numbers of AIDS patients requiring more attention to alternatives such as home based care. Over 70% of bed occupancy in medical wards of hospitals are due to AIDS related illnesses. In addition, TB cases have escalated with the HIV epidemic. In 2001 alone, the National TB Control Programme (NTP) reported over 27,000 cases of TB. This figure is expected to increase in the coming years.

The poverty status of many families has worsened by the large number of orphaned children and destitute elderly people who have lost their bread winning children and spouses. The visible effects of the epidemic have led to the realisation and acceptance that HIV/AIDS is a serious national public health, social and economic crisis requiring to be addressed as a major priority by the collective actions of individuals, families, communities, the private and public sectors.

The national response to the HIV/AIDS epidemic

Malawi's response to the HIV/AIDS epidemic began in 1986 with the implementation of a Short Term Plan (STP 1986-1988), which emphasised issues of blood safety and Information Education and Communication (IEC). This was followed by the first Medium Term Plan (MTP 1989 to 1993), which also emphasised issues of blood safety, Information Education and Communication (IEC) and added management of Sexually Transmitted Infections (STIs). The second Medium Term Plan (MTP II) was implemented from 1994-1998. In addition to

continuing issues identified in the MTPI, MTPII took into account the multisectoral HIV/AIDS response.

Following a review of the MTPII, Malawi developed the National HIV/AIDS Strategic Framework for the period 2000-2004 in order to upscale and accelerate the national HIV/AIDS response. The National HIV/AIDS Strategic Framework was developed in a highly participatory manner and was broadly consultative. The process was aimed at breaking the silence on HIV/AIDS and mobilising the nation to action. The overall goal of the National HIV/AIDS Strategic Framework is to **reduce the incidence of HIV and other sexually transmitted infection (STIs) and improve the quality of life of those infected and affected by HIV/AIDS**. For ease of analysis, the National HIV/AIDS Strategic Framework is organised into nine inter-related thematic areas each of which has a specific goal, objectives and strategic actions to be taken. The nine thematic areas of the framework are as follows:

1. Culture and HIV/AIDS
2. Youth, Social Change and HIV/AIDS
3. Economic Status and HIV/AIDS
4. Despair and Hopelessness
5. HIV/AIDS Management/Care and Social Support
6. Prevention of HIV transmission
7. Information, Education and Communication
8. Voluntary Counselling and Testing
9. Orphan, Widows and Widowers

The major thrusts of the National HIV/AIDS Strategic Framework are to:

- Promote and intensify community based responses
- Ensure that gender concerns of the epidemic are included in all interventions
- Ensure greater involvement of people living with HIV/AIDS
- Intensify response for and with the youth
- Integrate care and prevention as the only meaningful way to effectively respond to the HIV/AIDS epidemic.

The National HIV/AIDS Strategic Framework is being implemented mostly through:

- District specific HIV/AIDS implementation plans, which have been developed, costed and prioritised
- Mainstreaming of HIV/AIDS into the private and public sectors and the civil society

Major challenge in the national HIV/AIDS response

An effective national response to the HIV/AIDS epidemic requires input from all Malawians and other partners including donors, according to their capacities and comparative advantage. Specifically, the response requires:

- Strengthening the health delivery system to provide the backbone for intervention in care and prevention
- Maintaining high political commitment and involvement in the fight against AIDS
- An expanded response that includes the involvement of all sectors both public and private
- Broad involvement of people living with HIV/AIDS including traditional leaders and religious leaders in the planning and execution of HIV/AIDS interventions
- Greater emphasis on community based responses that build on existing social capital in the communities
- Designing interventions against HIV/AIDS that take into account the gender dimension of the epidemic and emphasize the protection of vulnerable groups including women and children

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- Resource mobilization strategies that will ensure adequate resources for the national HIV/AIDS response all times
 - Systems for monitoring and evaluation for both programmes and the state of the epidemic
 - A broad HIV/AIDS policy framework to guide the implementation of intervention

Biziwick Mwale

Director, National AIDS Commission

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